

173

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	
District of <u>Phoenix</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>129</u>	
or _____		County Registrar No. <u>413</u>	
City of _____	No. _____	St. _____	Ward _____
2. Full name of child <u>Alpha Beryl Carme</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>June 15-1923</u>	
8. FATHER		14. MOTHER	
Full name <u>Ray Carme</u>		Full maiden name <u>Helma Ollie Collier</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u>		15. Residence (Usual place of abode) <u>Miami Arizona</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
16. Color or race <u>White</u>		17. Age at last birthday <u>20</u> (Years)	
11. Age at last birthday <u>22</u> (Years)		18. Birthplace (city or place) <u>Texas</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>Tool dresser</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:30</u> a.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>H. H. Miller M.D.</u>	
		(Physician or midwife)	
Address <u>Miami Arizona</u>			
Given name added from a supplemental report _____		Filed <u>July 10 1923</u>	
Month, day, year.		Filed <u>Aug 3 1923</u>	
Registrar.		County Registrar.	

132-615-339